

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050324

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 2-0-363

Primary Registration District No. 500

Registrar's No. 3725

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LeMay		c. CITY OR TOWN St. Louis,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maryridge Convalescent Home,		d. STREET ADDRESS (If outside, give location) Ozanam Home for Men, 3225 Montgomery St.,	
3. NAME OF DECEASED (Type or print) Bernard F. Niemeyer		4. DATE OF DEATH Month December Day 5, Year 1963	
5. SEX Male.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 4/24/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Retired 10 Years,	
11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Niemeyer,		13b. MOTHER'S MAIDEN NAME Elizabeth Albers,	
14. NAME OF HUSBAND OR WIFE -----		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) Yes WW-1	
16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Mrs. Elizabeth Rupp, 5418 Virginia Ave.,	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) arterio Sclerotic Hypertension DUE TO (c) arterio Sclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 17 days ? ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Portal Cirrhosis, Hypertrophy of Prostate		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St. Louis		20f. CITY, TOWN, OR LOCATION St. Louis	
20g. COUNTY Mo		20h. STATE Mo	
21. I attended the deceased from Mar 18, 1963 to Dec 5, 1963 and last saw her alive on Dec 3, 1963 Death occurred at 2:50 P.M. 12/5/63 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE May Starbuck M.D.		22b. ADDRESS 512 Drexel Place	
22c. DATE SIGNED 12/6/63		22d. DATE SIGNED 12/6/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/63	
23c. NAME OF CEMETERY OR CREMATORY National Cemetery,		23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Maramec St.,		25. DATE RECD. BY LOCAL REG. 12-6-63	
26. REGISTRAR'S SIGNATURE John B. Murphy M.D.		26. REGISTRAR'S SIGNATURE John B. Murphy M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.